

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	M.D.	1081	11-16-01

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
1		56		101	
2		57		102	
3		58		103	
4		59		104	
5		60		105	
6		61		106	
7		62		107	
8		63		108	
9		64		109	
10		65		110	
11		66		111	
12		67		112	
13		68		113	
14		69		114	
15		70		115	
16		71		116	
17		72		117	
18		73		118	
19		74		119	
20		75		120	
21		76		121	
22		77		122	
23		78		123	
24		79		124	
25		80		125	
26		81		126	
27		82		127	
28		83		128	
29		84		129	
30		85		130	
31		86		131	
32		87		132	
33		88		133	
34		89		134	
35		90		135	
36		91		136	
37		92		137	
38		93		138	
39		94		139	
40		95		140	
41		96		141	
42		97		142	
43		98		143	
44		99		144	
45		100		145	
46				146	
47				147	
48				148	
49				149	
50				150	

If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY